

Development of Health Career Pathway for California

Psychiatry

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Current State

- 6,682 Psychiatrists in California
- Per BLS: 4,540 employed as of May 2012
- 68% of psychiatrists in California are white
- 15% are Asian/Pacific Islanders
- <5% are Hispanic
- <5% are African American

Current State

- The overall trend in the U.S. shows a greater portion of psychiatrists approaching retirement age and a smaller proportion of psychiatrists in the younger age groups.
- National data indicates that while psychiatrists over age 45 are predominantly male, younger psychiatrists show more gender balance.
- Psychiatrists age 35 and under are nearly equal in gender representation.

Current State

- **2002:** 21% of California psychiatrists practiced in public settings.
- 36 % of payment was through public insurance programs.
- >than 4 % of care was uncompensated.
- October 1, 2012 - September 30, 2013: **21** J1 Waivers (Primary care physicians include: internist, family practice, pediatrician, psychiatrist, and OB/GYN).

Current State

- HPSA: 1047 in CA
- MUA/MUP: 2049
- Alpine and Amador County do not have a psychiatrist
- Calaveras, Colusa and Placer Counties do not have a psychiatrist
- LA has the most psychiatrists: 1,772
- **2001**: 700 Child Psychiatrists in CA (7.6/100,000 youth).
- Need in 2006= 14.38/100,000

Current State

- The need for direct psychiatric care, excluding children and adolescents in California, is estimated to be 16.6 per 100,000 population.
- There are only 10 licensed psychiatrists per 100,000 population in California.

Education and Experience Requirements

- 4 years of undergrad
- 4 years of Medical School
- 4 years of Psychiatry Residency
- 3 years if becoming a Child Psychiatrist, which totals 5 years
- Fifth Pathway for US Students in International Medical Schools
- “California Status Letter” requirement for IMGs in order to match in CA.

What the Future Holds

- Increased Access
- Shift to a Public Health Orientation
- Heightened Attention to Quality and Cost
- Enhanced Information Technology (IT)
- Promotion of Patient and Family-Centered Care
- Emphasis on Healthcare Innovations

Key Target Groups

- High School and College Students
- Premed societies
- Graduate Students
- Professionals/MDs with lived experiences
- Career Changers
- Immigrant Health Professionals
- Foreign Medical Students, graduates and psychiatry residents
- Medical Students and Residents
- Fifth Pathway Medical Students
- Family Medicine Doctors, Pediatricians and Internists
- Psychiatrist

Sources Consulted

- **California Psychiatric Association** (Public Psychiatry Committee)
- **San Diego Psychiatric Society** (Executive Committee)
- **American Academic of Child and Adolescent Psychiatry San Diego Chapter** (Membership)
- Bureau of Labor Statistics Website
- Health Resources and Services Administration Website
- California Health Care Almanac: Mental Health Care in California: Painting a Picture, July 2013

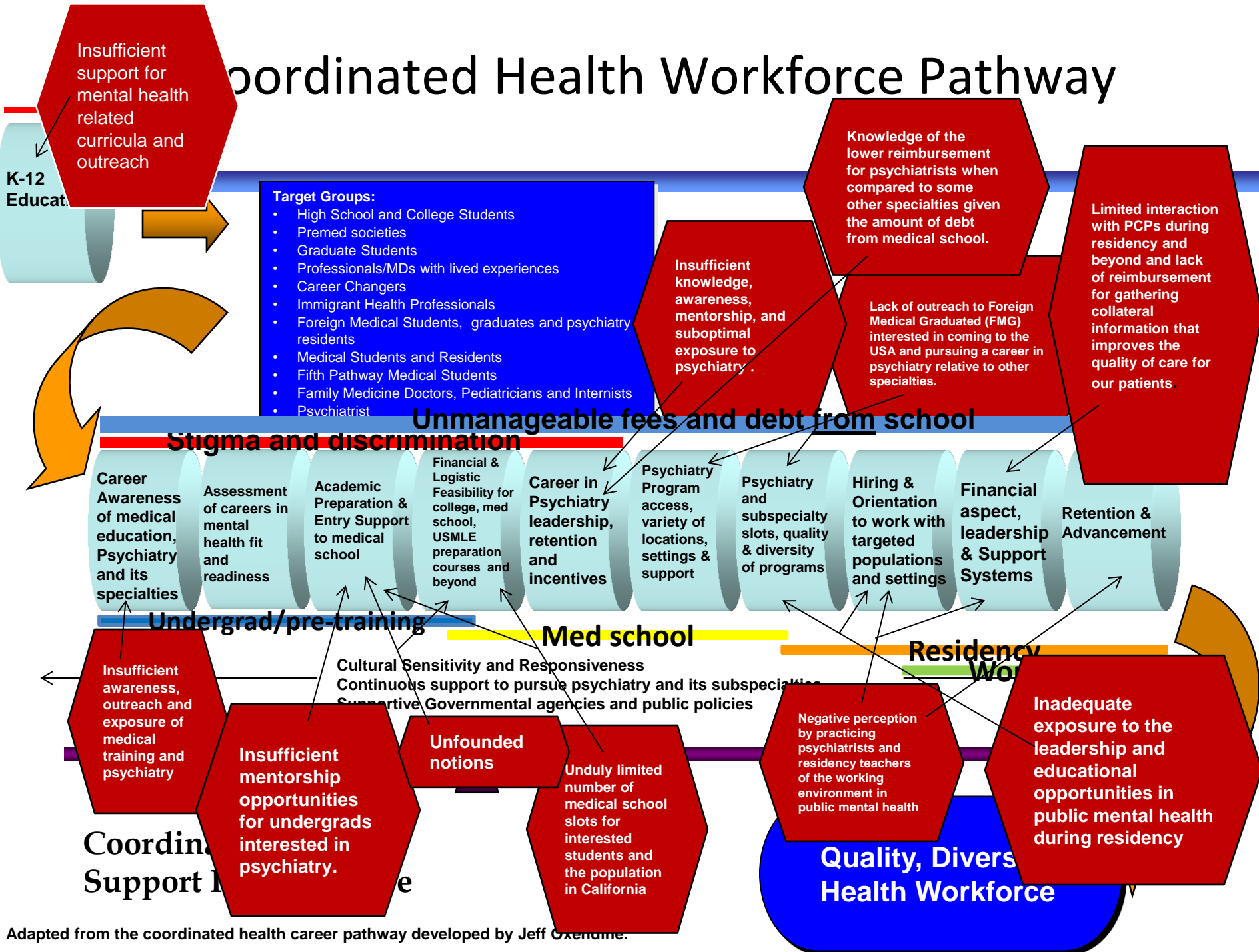
Sources Consulted

- Measuring Mental Health in California Counties: What can we learn? Nicholas C. Petris Center on Health Care Markers and Consumer Welfare, University of California Berkely, January 2005.
- THE MENTAL HEALTH WORKFORCE: Who's Meeting California's Needs? California Workforce Initiative
- funded by the California HealthCare Foundation
- and The California Endowment, February 2003
- AMERICAN BOARD OF BEHAVIORAL HEALTHCARE PRACTICE website

Sources Consulted

- The Mental Health Workforce in California: Trends in Employment, Education, and Diversity, Vincent Lok and Susan Chapman
- Journal of the American Academy of Child and Adolescent Psychiatry
- UCSF Center for the Health Professions, March 2009
- California Department of Health Care Services Website
- **UCSD OSHPD Career Pathway in Psychiatry Workgroup:** San Diego County Behavioral Health Services Leadership, UCSD/RCHSD Leadership, Medical Director Community Research Foundation, UCSD Community Psychiatry Fellowship Program Leadership and fellows.

Coordinated Health Workforce Pathway



Recommendations to Address Identified Barriers

Barrier	Recommendation
• Stigma and Discrimination	<ul style="list-style-type: none">• Anti-stigma and discrimination educational programs at schools for students, teachers and families.• Anti-stigma and discrimination marketing campaigns targeted at children and adolescents.

Recommendations to Address Identified Barriers

Barrier	Recommendation
<p>•Insufficient support for mental health related curricula and outreach in K-12 schools and other settings:</p> <ul style="list-style-type: none"> o Insufficient mental health services and outreach in schools to students and families (especially since AB 3632 was rescinded). o Insufficient knowledge by school counselors about the career pathways to medicine and other mental health disciplines. o Behavioral Sciences options are too limited in school curriculums. o Insufficient bilingual or English immersion programs that expose English learners to Science enriched curriculums. o Insufficient knowledge of resources available to attend college among students and their families. 	<ul style="list-style-type: none"> • Enhance early intervention for children and adolescents at risk for mental health issues by improving service delivery at schools. • Require Behavioral Sciences as a course in high school. • Train vocational school counselors in career pathways in medicine and increase student’s access to career counselors. • Psychiatric presence in Science Focused Career fairs. • Science and mental health focused career fairs for minority students with bilingual professionals as participants

Recommendations to Address Identified Barriers

Barrier	Recommendation
<ul style="list-style-type: none">• Insufficient support for mental health related curricula and outreach in K-12 schools and other settings	<ul style="list-style-type: none">• Enhance shadowing opportunities, internships and mentorships for high school students interested in psychiatry.• Enhance bilingual science courses throughout K-12.• Enhance family and children Peer Model programs.• Enhance anti bullying programs to include psychiatry.• Enhance dual diagnosis programs at schools.

Recommendations to Address Identified Barriers

Barrier	Recommendation
•Stigma and Discrimination	<ul style="list-style-type: none">• Anti-stigma and discrimination educational programs at colleges for students, teachers and families.• Anti-stigma and discrimination marketing campaigns targeted at college students.

Recommendations to Address Identified Barriers

Barrier	Recommendation
<p>•Insufficient awareness, outreach and exposure of medical training and psychiatry in colleges:</p> <ul style="list-style-type: none"> • Absence of Behavioral Science requirements for the UC and CSU systems. • Insufficient awareness of careers in psychiatry. • Insufficient outreach to minority students. • Insufficient outreach to community colleges in underserved areas. • Insufficient outreach of careers in psychiatry to psychology majors or others interested in the MH field. • Insufficient outreach of careers in psychiatry to students with lived experiences attending student health clinics. • Insufficient knowledge of the academic preparation needed to get into medical school. 	<ul style="list-style-type: none"> • Add a Behavioral Science requirement for the UC and CSU systems for med school entrance. • Increase awareness of job opportunities and need for psychiatrists in California, especially the need for psychiatrists who are bilingual and bicultural. • Enhanced rewards for work in public mental health settings. • More psychiatric presence at college career fairs. • Improve dissemination of medical school requirements and avenues of admission.

Recommendations to Address Identified Barriers

Barrier	Recommendation
<ul style="list-style-type: none">• Insufficient mentorship opportunities for undergrads interested in psychiatry.	<ul style="list-style-type: none">• Identify people with lived experiences who are interested in psychiatry and provide peer support and career mentorship.• Offer support for psychiatry specific internships and mentorship opportunities in underserved and/or public mental health settings.• Increase support for mental health research and service focused summer externships and internships that will support college tuition. <p data-bbox="923 1348 1008 1376">DRAFT</p>

Recommendations to Address Identified Barriers

Barrier	Recommendation
<ul style="list-style-type: none">• Unfounded notions:<ul style="list-style-type: none">• The notion that medical school is inaccessible to most students including underrepresented minority college students.	<ul style="list-style-type: none">• Enhance education regarding medical school admission, requirements, attainability and medical student lifestyle to college student with an emphasis to minority students and community colleges in underserved areas.

Recommendations to Address Identified Barriers

Barrier	Recommendation
<ul style="list-style-type: none">• Unduly limited number of medical school slots for interested students and the population in California.	<ul style="list-style-type: none">• Increase medical school slots in CA by increasing the number of slots in current medical schools or opening new medical schools in underserved areas.

Recommendations to Address Identified Barriers

Barrier	Recommendation
<ul style="list-style-type: none">• Increasingly unmanageable fees and debt assumption for college and medical school.	<ul style="list-style-type: none">• Decrease the direct costs of medical school to students and taxpayers through increased student support and teaching efficiency.• Shift the focus of state medical schools to the primary task of teaching students rather than supporting salaries of related, non-teaching tasks.• Shortened or fast track route to medical school and service requirement if going into mental health service. <p>DRAFT</p>

Recommendations to Address Identified Barriers

Barrier	Recommendation
<ul style="list-style-type: none">• Stigma and discrimination regarding psychiatry training in medical school.	<ul style="list-style-type: none">• Enhance integration and increase participation of psychiatry in early medical student education.

Recommendations to Address Identified Barriers

Barrier	Recommendation
<p>●Insufficient knowledge, awareness, mentorship, and suboptimal exposure to psychiatry during medical school:</p> <ul style="list-style-type: none"> ○ Inadequate awareness of psychiatry as a profession especially in the field of public mental health. ○ Insufficient availability of mentorship from psychiatric and minority leaders during medical school. ○ Variability of quality of medical student rotations. ○ Perception by some of a relative lack of scientific and evidence based psychiatric practices. 	<ul style="list-style-type: none"> • Enhance mentorship opportunities with psychiatry and minority leaders. • Enhance the quality of medical student rotations by offering rotations with enhanced supervision and career mentorship guidance by senior psychiatric department members. • Increase promotion of medical student interest groups such as PsychSIGN, AMSA, and AMA student groups. • Improve psychiatry education during medical school to reflect scientific and evidence based practices currently in use. • Enhance integration of a mind-body curriculum with focus on psychosomatic illnesses and consultation liaison medicine early on during med school.

Recommendations to Address Identified Barriers

Barrier	Recommendation
<ul style="list-style-type: none">• Medical student's knowledge of the lower reimbursement for psychiatrists when compared to some other specialties given the amount of debt from medical school.	<ul style="list-style-type: none">• Offers scholarships and loan forgiveness programs to MS interested in psychiatry.• Increase the Medicare and MediCal reimbursement rates for psychiatry and psychiatry related practices.• Evidence based therapies should be reimbursed at competitive rates.

Recommendations to Address Identified Barriers

Barrier	Recommendation
<ul style="list-style-type: none">• Lack of outreach to International Medical Graduated (IMG) interested in coming to the USA and pursuing a career in psychiatry relative to other specialties.	<ul style="list-style-type: none">• Partner with foreign universities to educate interested IMGs in how to apply for residencies in the USA and the J1 Waiver Visa process (50% of psychiatry trainees are IMGs).• Facilitate the way in which J1 waiver placements are done and increase the overall slot designation in underserved CA areas.• Offer a 1-year exchange program to psychiatry residents from foreign countries focused in underserved areas.• Ease the ACGME requirements for psychiatry trainees in other countries to continue their psychiatry training in the USA.• Streamline the unduly cumbersome CA medical licensing process and make it comparable with other states.

Recommendations to Address Identified Barriers

Barrier	Recommendation
<p>•Inadequate exposure to the leadership and educational opportunities in public mental health during residency:</p> <ul style="list-style-type: none"> • Inadequate opportunities for mentorship from public mental health leaders during residency. • Lack of awareness in residency of the broad scope and rewards of careers in public mental health. • Incomplete and sometimes inaccurate education on systems of care, peer support and the recovery model during residency. • Overly limited number of Community Psychiatry Fellowship Programs and tracks that effectively train psychiatry leaders in public mental health in CA. • Lack of telemedicine training during residency. • Limited number of rotations to underserved areas during residency. 	<ul style="list-style-type: none"> • Increase awareness of what EBP we have in CA for the serious mentally ill. • Increase support for teaching by staff and resources for the serious mentally ill in community settings (ancillary staff, therapists, groups, case managers, peer support specialists, etc.). • Provide support to selected public mental health departments to offer funded residency training slots to academic programs that meet requisite quality standards for training in public psychiatry. • Implement leadership training during residency with focus on the skills needed by the public mental health system. • Increase support for effective training in systems of care and implementation of public mental health policy during residency and beyond, by faculty that are knowledgeable about public mental health. • Increase support for well-designed and properly staffed Community Psychiatry Fellowships and Tracks in CA.

Recommendations to Address Identified Barriers

Barrier	Recommendation
<ul style="list-style-type: none">• Limited interaction with PCPs during residency and beyond and lack of reimbursement for gathering collateral information that improves the quality of care for our patients.	<ul style="list-style-type: none">• Teaching skills during residency that would enhance the ability to work collaboratively with other specialties and professions.• The coordination between psychiatry, affiliated providers and primary care providers should be reimbursed at a competitive rate.

Recommendations to Address Identified Barriers

Barrier	Recommendation
<ul style="list-style-type: none"> • Negative perception by practicing psychiatrists and residency teachers of the working environment in public mental health: <ul style="list-style-type: none"> o The patients seen in community settings are perceived by some misinformed residency teachers to be a more “difficult” population. o Perception by some that there is insufficient support staff in community settings. o The perception by some residency teachers and a few practitioners of lower status of community psychiatry. o Perception by some of less attractive practice and lifestyle in underserved areas. o Lack of patient resources in underserved areas. o Erroneous perception of a relatively large patient load and minimal time for follow ups in community settings in comparison to other settings. o Perception by some residency teachers and a few practitioners of the absence of a legitimate career path in Community Psychiatry. 	<ul style="list-style-type: none"> • Increase awareness of the career ladder for psychiatrists in public mental health systems. • Identify the level of salaries and other benefits that are realistically attractive enough to secure adequate psychiatric workforce that can be retained over the course of a career, and develop incentives for public mental health systems to provide it. • Enhance proven and cost-effective economic incentives, salaries, loan forgiveness programs, J1 Waiver opportunities for work attraction and retention in underserved areas. One economic incentive would be to have loan repayment support start during residency and be enhanced for those choosing to work in underserved areas. • County Behavioral Health’s specific coordination with academic centers to increase involvement with psychiatry trainees.

Recommendations to Address Identified Barriers

Barrier	Recommendation
<ul style="list-style-type: none">• Negative perception by practicing psychiatrists and residency teachers of the working environment in public mental health	<ul style="list-style-type: none">• Increase reimbursement for MediCal and Medicare patients.• The Behavioral Health Home Model should be explored in CA (under the ACA Health Home Option).• Offer MPH programs or other type of educational/research fellowships and incentives for psychiatrists who choose to work in underserved areas.• Increased awareness of existing fellowships and educational programs currently in place for minority residents or residents interested in public MH (APA, etc.).• Improve/renovate run down community clinics to attract psychiatry workforce.• Create a business entity/recruiting company that hires and recruits psychiatrists to work in underserved areas and creates a support system for these physicians.

Existing Education and Training Capacity

- 132 slot for psychiatric residency in CA
- 129 slots were filled
- 13 IMG matched in CA last year, only 3 were foreign born.
- 45,000 college students apply for med school in CA each year for 1084 slots.

Immediate

Strategies/Recommendations

- Develop academic programs such as UCLA PRIME and UCLA IMG Program for Mental Health.
- Enhance and improve J1 Visa Waiver opportunities in CA.
- Ease the CA Medical License Requirements for IMGs.

Immediate

Strategies/Recommendations

- Training programs/Medical Schools to partner with HPSA, MUA, MUP areas for clinical rotations and clerkships.
- Enhance outreach for all target groups.